

UNITED STATES DISTRICT COURT  
for the

Polymer Technology Systems, Inc.

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Plaintiff

)

v.

)

Roche Diagnostics Corporation, et al

)

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Defendant

)

Civil Action No. 1:10-cv-00061 LJM-TAB

**SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address) Roche Diagnostics GMBH  
c/o Highest Officer Found  
Roche Diagnostics Corporation  
9115 Hague Road  
Indianapolis, IN 46256

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

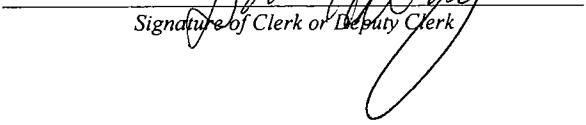
David J. Hensel  
Taft Stettinius & Hollister LLP  
One Indiana Square, Suite 3500  
Indianapolis, IN 46204

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

  
CLERK

CLERK OF COURT

Date: JAN 22 2010

  
Signature of Clerk or Deputy Clerk

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Roche Diagnostics GMBH, c/o Highest Officer Found  
Roche Diagnostics Corporation  
 was received by me on *(date)* January 22, 2010 .

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 , a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_ , who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: I served a copy of the summons and complaint on the individual via certified mail.  
 A copy of the Domestic Return Receipt is attached hereto and shows service was  
 made on February 17, 2010.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 2-23-10
  
 \_\_\_\_\_  
*Server's signature*

David J. Hensel, Attorney

*Printed name and title*

Taft Stettinius & Hollister LLP  
 One Indiana Square, Suite 3500  
 Indianapolis, IN 46204

*Server's address*

Additional information regarding attempted service, etc:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Roche Diagnostics GMBH  
c/o Highest Officer Found  
Roche Diagnostics Corporation  
9115 Hague Road  
Indianapolis, IN 46256

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*Joseph Kella*  Agent  
 Addressee

**B. Received by (Printed Name)**

*Joe Kella*

**C. Date of Delivery**

2-17-10

**D. Is delivery address different from item 1?**  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes**2. Article Number**

(Transfer from service label)

2005 3110 0002 8644 1024